



## **Oral Health – Dental Sealants**

The funding for this activity would impact the delivery as it is directly associated with the contracts for professional services in the DHH regions of the state. The funding also supports the purchase of new equipment, maintenance of the existing equipment, dental sealant supplies and travel expenditures.

Goal: To increase the number of Louisiana children receiving dental sealants on their molar teeth. Healthy People 2010 Objective 21-8 for dental sealants is to increase the proportion of children receiving dental sealants on their molar teeth to 50%.

### **Objective**

By June 30, 2011, the Oral Health program will conduct the statewide school-based dental screening and sealant program to increase the number of children with a dental sealant on at least one permanent molar.

### **Performance Indicators**

1. Percentage of 3<sup>rd</sup> graders with at least one sealant on a permanent molar.
2. Percentage of 3<sup>rd</sup> graders with caries experience.
3. Number of children who receive at least one dental sealant in the school-based dental sealant program.
4. Number of children screened in the school-based dental sealant program.

This dental sealant program screens and seals eligible teeth of 2<sup>nd</sup> and 6<sup>th</sup> grade children in schools located Dental Health Professional Shortage Areas with a free or reduced lunch status of 50% or more. The program is conducted in all DHH regions in schools that meet the criteria; the 2009-10 goals are to screen 7,200 children in 90 schools; sixty percent are expected to receive sealants. The program will set up a billing system with Medicaid to generate funds for sustainability and expansion of the program. The program contracts with local dentists, hygienists, and dental assistants for program service delivery. The Sealant Program Coordinator identifies providers, manage the contracts, identify schools and secure program delivery days in

preparation for service delivery. The Coordinator and the Dental Director conduct staff training on program protocol, proper infection control, manage supplies and equipment, and manage referral and follow-up protocols. As required by the Dental Practice Act, a dentist must identify an eligible tooth before a Hygienist can apply the sealant. Dentists will conduct the oral health screening, assessing dental disease to determine the child's oral health status and if sealants are the recommended preventive treatment. Dental hygienists and dental assistants will place the sealants as recommended by the dentists. Dental assistants will assist chair side as needed, provide oral hygiene instruction and collect data for the providers. The program will contract with a dental equipment company to provide technical support and maintenance of portable dental equipment. The dental assistant is responsible for assisting schools in identifying dental practices to serve as dental homes for participants needing routine, comprehensive, and urgent care; consulting with school nurses and parents as needed. The program uses Sealant Efficiency Assessment for Locals and States (SEALS) software to collect and analyze program data, assessing program cost-effectiveness, program demographics, effectiveness in targeting high risk populations and high risk teeth, quantity and quality of services delivered, and efficiency of clinical operations. The data is reported and disseminated to partners and stake holders to improve program goals. In 2007 the program conducted a Basic Screening survey to determine LA children's oral health; this will be repeated in 2013.

### **Better Health**

To address increased access to care and preventative dental services, the program (OHP) targets children in the low income level population with little or no access to preventive dental services. In 2008, only 32% of the children enrolled in Medicaid received any dental service, and only 28% of children eligible for the EPSDT program, received preventive dental services, and 508,798 had no dental visits. LA currently has 2,212 dentists and 1,658 dental hygienists, only 658 dentists are Medicaid providers and only 101 of those dentists billed Medicaid for \$10,000 or more annually. Medicaid data show that 107 dentists treated between 1 and 10 children; 177 dentists treated between 11 and 100 children; and, 374 dentists treated a minimum of 101 children during the latest fiscal year. In LA 56 of the 64 parishes are designated under Dental Health Professional Shortage Areas (HPSAs). The OHP collaborates with local dental service providers, contracts with local non-profit agencies, and provides technical support to the Federally Qualified Health Center's (FQHC's) and school based health centers to deliver the services for the school children. During the 2007-2008 school year, the OHP trained more than 120 school nurses to perform the oral screenings in their schools. The program collaborates with DHH Chronic Disease programs MCH, Nutrition, Obesity, LA MCH Coalition and to enhance its capacity and outreach activities. The program is supported by the LSU School of Dentistry, Louisiana Dental Association, Louisiana Rural Health Association, Louisiana Primary Care Association, Louisiana Department of Education, Louisiana School Nurses Organization, The

Health Enrichment Network, Outpatient Clinic, and Primary Care Providers for a Healthy Feliciana, David Raines Community Health Center, The Outpatient Medical Center and The Medical Center. The OHP received a three year HRSA grant in 2009, for \$ 274,623 annually; HRSA will provide \$196,159.00 with a state match of \$ 78,464.

Oral disease is the most prevalent and the most untreated diseases of children in the state. Dental sealants have proven effective in reducing prevalence toward dental decay and are a cost effective preventive measure that can help reduce the risk of dental caries on permanent molar teeth. Dental sealants received the ADA Seal of Approval in 1976 and 1984 were endorsed by the National Institutes of Health. Findings from scientific studies clearly show that school-based dental sealant programs work to prevent tooth decay and, have emerged as an evidence-based best practice in improving access to care and providing a secondary preventive measure to address dental decay in school-aged children as cited in *The Guide to Community Preventive Services* at <http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5021a1.htm> . In 2003, the Association of State and Territorial Dental Directors (ASTDD) published a [Best Practice Approach Report](#). In its systematic review of the literature, the ASTDD Task Force on Community Preventive Services (2002) found that school sealant programs are effective in reducing up to 60% of tooth decay. Based on this evidence the Task Force issued a strong recommendation that school sealant programs be included as part of a comprehensive population-based strategy to prevent or control tooth decay in communities. Research studies conducted by Bravo et al have shown that school-based sealant programs, regardless of the physical delivery site or personnel used for sealant application are effective, with retention rate varied from 83% to 94% after approximately 1 year. The program has received a 3-year grant from the Health Resources and Services Administration - CFDA No. 93.236, Grants to States to Support Oral Health Workforce Activities to implement and manage a statewide school-based dental sealant program.